#### FORM D

## UNITED STATES

1284740

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response .... 1



#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 

SEC USE ONLY Prefix Serial DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION

					·	
Name of Offering	(□check if this i	s an amendment	and name has char	iged, and indi-	cate change).	
Filing Under (Check box(e	es) that apply):	☐ Rule 504	☐ Rule 505	■ Rule 50	6 Rule 4(6)	□ULOE
5 \	, 11 2,				• • • • • • • • • • • • • • • • • • • •	
Type of Filing: New	Filing 🛮 Amer	<u>idment</u>				
		A. BASIC	IDENTIFICAT	ON DATA		
1. Enter the information re	equested about the is	suer				
Name of Issuer: AVOI	I, LLC	(□	check if this is an	amendment a	nd name has changed,	and indicate change.)
Address of Executive O	ffices	(Number and	d Street, City, Stat	e, Zip Code)	Telephone Number (I	ncluding Area Code)
c/o Preview Prop	erties, Inc., 130 W	est Grand Rive	r, Brighton, MI	<b>48116</b>	(810) 220-1500	<b>%</b> /
Address of Principal Bu	isiness Operations	(Number and	d Street, City, Stat	e, Zip Code)	Telephone Number (1	ncluding Area (Gode)
(if different from Execu	tive Offices)					
Brief Description of Bu	siness				4 M & M	AR 2 3 2004 >>
Real Estate Inves	tment					
Type of Business Organ	nization				J. S. J.	
☐ corporation	☐ limited partner	ship, already forn	ned 🔲 other	(please specif	y):	181/49
☐ business trust	☐ limited partner	ship, to be forme	d 🗵 limite	d liability con	npany	
			Mont	n Year		
Actual or Estimated Da	te of Incorporation c	r Organization:	07	03	Actual	☐ Estimated
Jurisdiction of Incorpor	ation or Organizatio	n: (Enter two-let			ion for State:	
•	C	CN for Cana	da: FN for other for	reign jurisdic	tion)	MI

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Robert M. Bohlen Business or Residence Address (Number and Street, City, State, Zip Code) c/o Preview Properties, Inc., 130 West Grand River, Brighton, MI 48116 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Beneficial Owner ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the	following:			
• Each promoter of the issuer, if the issue	r has been organized within	the past five years;		
<ul> <li>Each beneficial owner having the power the issuer;</li> </ul>	r to vote or dispose, or direct	t the vote or disposition of, 1	0% or more of a cl	ass of equity securities of
• Each executive officer and director of co	orporate issuers and of corpo	orate general and managing	partners of partners	hip issuers; and
• Each general and managing partner of p	artnership issuers.			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	per and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	per and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:  Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	per and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Z	ip Code)		

					B. IN	FORM	ATION A	ABOUT	OFFER	ING			
1. Has	the issuer	sold, or d	loes the is	ssuer inter	nd to sell,	to non-ac	ccredited	investors	in this off	ering?			Yes No
				Answer	also in A	ppendix,	Column 2	2, if filing	under UI	LOE.			
2. Wha	t is the m	inimum ii	nvestmen	t that will	be accep	ted from	any indivi	dual?			•••••		<u>\$N/A</u>
3. Does	s the offer	ing perm	it joint ov	vnership c	of a single	e unit?							Yes No ⊠ □
or si be li the n deal	milar rem sted is an name of th	uneration associate e broker y set fort	for solici d person or or dealer. th the info	itation of or agent o If more tormation f	purchasei of a broke than five	rs in conn r or deale (5) person	ection wit r registere ns to be lis	th sales of ed with the sted are as	securitie SEC and	s in the o	ffering. If a state or	any commission f a person to states, list roker or	
		-											
				mber and	Street, C	ity, State,	Zip Code	e) 					
Name o	f Associa	ted Broke	r or Deal	er									
States in	Which F	erson Lis	ted Has S	Solicited o	or Intends	to Solici	t Purchase	ers			-		
(Check [AL] [IL] [MT] [RI]	"All Stat [AK] [IN] [NE] [SC]	e" or chec [AZ] [IA] [NV] [SD]	ck individ [AR] [KS] [NH] [TN]	dual States [CA] [KY] [NJ] [TX]	s) [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	All States
	me (Last								<u> </u>		1,, 71	[110]	
Busines	s or Resid	lence Ado	dress (Nu	mber and	Street, C	ity, State,	Zip Code	e)					
Name o	f Associa	ted Broke	r or Deal	er									
States in	n Which F	erson Lis	ted Has S	Solicited o	or Intends	to Solici	t Purchase	ers					
(Check	"All Stat	es" or che	eck indivi	idual State	~s)							*******************************	□ All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID]	7111 511155
Full Na	me (Last	name first	t, if indivi	idual)									
Busines	s or Resid	dence Ado	dress (Nu	mber and	Street, C	ity, State,	Zip Code	e)					
Name o	f Associa	ted Broke	r or Deal	er									
States in	n Which I	Person Lis	sted Has S	Solicited of	or Intends	to Solici	t Purchase	ers					**************************************
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	All States
[MT]	[NE]	[NV]	[NH] [TN]	[NJ] [TX]	[NM]	[NY] [VT]	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA]	

[TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box: and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.  Type of Security		gregate ring Price	Ar	nount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	<u>-</u> \$	0
	Other	<del></del>		<u> </u>	
	Membership Units. Membership Units are 3.57% membership interests in the issuer which equals a 1.85% indirect interest in the apartment property ("Property") described in the attached Private Placement Memorandum	\$2,80	94,000	<u>\$</u>	0
	TIC Units. TIC Units are fee ownership interests in. Each TIC will represent a 1.85% interest of fee ownership in the Property	\$2,59	6,000	<u>\$</u>	0
	Total	<u>\$5,40</u>	00,000	<u>\$</u>	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	parentages on the total lines. Eliter of 12 another to 1,000 cf. 2016.				Aggregate
		N	umber		ollar Amount
		In	vestors	(	Of Purchases
	Accredited Investors		0	<u>\$</u>	0
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering				Document
		Т	ype of		Amount
			ecurity		Sold
	Rule 505		N/A	<u>\$</u>	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	
	Legal Fees			\$25,0	***************************************
	Accounting Fees			\$ <u>25,</u>	
	Engineering Fees			\$ <u>15,</u>	
	Sales Commissions (specify finders' fees separately)			\$ <u>  5,</u>	
	Other Expenses (identify)			յ ∣Տ	
			اسما	Ψ.	U

# b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$5,345,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE,	<u>NUMBER OF INVESTORS, EXPENSES AND</u>	USE OF PROCE	EDS
each of the purposes shown. If the amount	ross proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and e total of the payments listed must equal the adjusted onse to Part C - Question 4.b. above.	for	
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ \$ <u>0</u>	<b>■</b> \$128,500
Purchase of real estate		🗆 \$ <u>0</u>	<b>■</b> \$3,600,000
Purchase, rental or leasing and installation o	f machinery and equipment	🗆 \$ <u>0</u>	□ \$ <u> </u>
Construction or leasing of plant buildings an	d facilities	🗆 \$ <u>0</u>	□ \$ <u>0</u>
	ne value of securities involved in this offering that	□ \$ <u>0</u>	□ \$ <u> </u>
	curities of another issuer pursuant to a merger)		
- ·			□ \$ <u> </u>
• :			<b>≥</b> \$ <u>50,000</u>
Other (specify): <u>Closing costs, escrowed letter</u> escrow with mortgagee		□ \$ <u>0</u>	<b>≅</b> \$ <u>1,566.500</u>
Column Totals		□ \$0	<b>≅</b> \$2,745,500
Total Payments Listed (column totals added	D. FEDERAL SIGNATURE	<b>E</b> \$ <u>5,34</u> :	5,000
· · · · · · · · · · · · · · · · · · ·	D. FEDERAL SIGNATURE		
signature constitutes an undertaking by the issu	ned by the undersigned duly authorized person. If this er to furnish to the U.S. Securities and Exchange Compacted investor pursuant to paragraph (b)(2) of Rule Signature	nission, upon written	ule 505, the following request of its staff, the
AVOH, LLC	Signature	100	1-16-03
Name of Signer (Print or Type) Robert M. Bohlen	Title of Signer (Print or Type)  Manager		

#### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
	C(c), (d), (e) or (f) presently subject to any of the	
	See Appendix, Column 5, for State Respons	e .
2. The undersigned issuer hereby undertake CFR 239.500) at such times as required by		ate in which this notice is filed, a notice on Form D (17
3. The unders igned issuer hereby undertake offerees.	s to furnish to the state administrators, upon wr	ritten request, information furnished by the issuer to
	in which this notice is filed and understands th	st be satisfied to be entitled to the Uniform Limited at the issuer claiming the availability of this exemption
The issuer has read this notification and knoundersigned duly authorized person.	ws the contents to be true and has duly caused	this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date 10-16-03
AVOH, LLC		1 (0 /6 0 )
Name (Print or Type)	Title (Print or Type)	

Manager

#### Instruction:

Robert M. Bohlen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

Intend to sell to non-accredited incompact of the price of fereign price	1		2	3	4				5		
Intend to sell to non-accredited investors in State (Part B-Hern I)   Type of investor and Amount purchased in State (Part C-Hern I)   Part C-Hern II   Part											
Intend to set to non-accredited investors in State (Part C-Item 1)				Type of security							
State   Yes   No				and aggregate							
Part B		ļ.		offering price							
State         Yes         No         No         Number of Lovestors         Amount         Number of Non-Accredited Investors         Amount         Yes         No           AK         1						Amount pu (Part	rcnased in State  C-Item 2)				
State         Yes         No         Investors         Amount         Investors         Amount         Yes         No           AL         Image: Control or		(Ture D		(Tart & Rem 1)	Number of	(1 411			(Tart E	Kem i)	
AL					· ·						
AK         AZ         Image: state of the content of th		Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AZ											
AR											
CA	AZ										
CO	AR										
DE	CA		X	[Membership Units]			0	0		X	
DE	СО										
DC         Image: Control of the c	CT										
FL	DE										
GA	DC										
HI	FL							<del></del>			
ID	GA										
IL	HI										
IN	ID										
IA         (Membership Units)         To be determined         0         0         X           KS         X         [Membership Units]         To be determined         0         0         X           KY         Image: Company of the property of th	IL	***************************************									
KS         X         [Membership Units]         To be determined         To be determined         0         0         X           KY         Image: Control of the properties of th	IN		<u> </u>								
	IA										
KY         LA         Image: Control of the control of	KS		X	[Membership Units]	To be	To be	0	0		X	
ME	KY				determined	determined					
MD         MA         Image: Control of the property	LA										
MA         Image: Control of the properties of the p	ME										
MI         X         [Membership Units] [TIC Units]         To be determined         To be determined         0         0         X           MN         MS         Image: Membership Units of the determined         Image: Membership Units of the determined         0         0         X	MD							<del>                                     </del>			
[TIC Units]   determined   determined	MA										
MN MS MS	MI		X	[Membership Units]	To be	To be	0	0		X	
	MN			[TIC OHIS]	determined	determined					
MO	MS										
	MO										

#### APPENDIX

1		2	3		5						
	non-ac	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and Amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, Attach Explanation of waiver granted) (Part E-Item 1)		
G	<b>X</b> 7			Number of Accredited Investors		Number of Non-Accredited Investors		***	<b>.</b>		
State MT	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
NE											
NV								-			
NH											
NJ											
NM		X	[Membership Units]	To be	To be	0	0		X		
NY		X	[Membership Units]	To be	determined To be	0	0		X		
NC			[TIC Units]	determined	determined						
ND								<del> </del>			
ОН		X	[Membership Units] [TIC Units]	To be determined	To be determined	0	0		X		
OK			[TIC Omis]	determined	determined						
OR											
PA											
RI											
SC											
SD											
TN									i		
TX											
UT											
VT											
VA											
WA											
WV											
WI		X	[Membership Units]	To be determined	To be determined	0	0		X		
WY											
PR											